

## APPLICATION DATA SHEET

Electronic Version v14  
Stylesheet Version v14.0

<b>Title of Invention</b>	MEDICAL DEVICE WITH VARYING PHYSICAL PROPERTIES AND METHOD FOR FORMING SAME		
<b>Application Type:</b> regular, utility <b>Attorney Docket Number:</b> S63.2-11462-US01			
<b>Correspondence address:</b> <b>Customer Number:</b> 490 <b>*490*</b>			
<b>Continuing Data:</b> This is a Continuation-in-part of US application number 10/749821, filed 2003-12-31, now Pending.			
<b>Inventors Information:</b>			
<b>Inventor 1:</b>			
<b>Applicant Authority Type:</b>	Inventor		
<b>Citizenship:</b>	US		
<b>Given Name:</b>	Robert		
<b>Family Name:</b>	Burgmeier		
<b>City of Residence:</b>	Plymouth		
<b>State of Residence:</b>	MN		
<b>Country of Residence:</b>	US		
<b>Address-1 of Mailing Address:</b> 2740 Garland Lane North			
<b>Address-2 of Mailing Address:</b>			
<b>City of Mailing Address:</b>	Plymouth		
<b>State of Mailing Address:</b>	MN		
<b>Postal Code of Mailing Address:</b> 55447			

**Country of Mailing Address:** US

**Phone:**

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**Inventor 2:**

**Applicant Authority Type:** Inventor

**Citizenship:** US

**Given Name:** Richard

**Middle Name:** L.

**Family Name:** Goodin

**City of Residence:** Blaine

**State of Residence:** MN

**Country of Residence:** US

**Address-1 of Mailing Address:** 12801 Harpers Street N.E.

**Address-2 of Mailing Address:**

**City of Mailing Address:** Blaine

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**Inventor 3:**

**Applicant Authority Type:** Inventor

**Citizenship:** US

**Given Name:** Joseph

**Family Name:** Delaney

**Name suffix:** Jr.

**City of Residence:** Minneapolis

**State of Residence:** MN  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 3621 17th Avenue S.  
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**City of Mailing Address:** Minneapolis  
**State of Mailing Address:** MN  
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**Country of Mailing Address:** US  
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**Inventor 4:**

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Larry  
**Family Name:** Peterson  
**City of Residence:** Champlin  
**State of Residence:** MN  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 9242 Lake Side Trail  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Champlin  
**State of Mailing Address:** MN  
**Postal Code of Mailing Address:** 55316  
**Country of Mailing Address:** US  
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**Attorney Information:**

Name	Registration Number
Mr. Walter J. Steinkraus	29592

**Assignee 1:**

**Organization Name:** Scimed Life Systems, Inc.

**Address-1 of Mailing Address:** One Scimed Place

**Address-2 of Mailing Address:**

**City of Mailing Address:** Maple Grove

**State of Mailing Address:** MN

**Postal Code of Mailing Address:** 55311

**Country of Mailing Address:** US

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